

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/15/2011
FORM APPROVED
OMB NO. 0938-0391

OTC 4/29/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445314	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/15/2011
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF MORRISTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 501 WEST ECONOMY ROAD MORRISTOWN, TN 37814		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation and interview, the facility failed to notify the Physician of a Dietician recommendation for one (#1)</p>	F 157	<p>Without admitting or conceding either the existence or scope/severity of the deficiencies cited on this HCFA 2567 statement of deficiencies, Life Care Center of Morristown submits this plan of correction in order to be in compliance with all state and federal regulations.</p> <p>F 157 Notification of Changes: <i>What corrective steps will be taken to correct this alleged deficient practice?</i> All Registered Dietitian (RD) recommendations are given to Director of Nursing on the day of RD visits. DON records recommendations in a notebook, copies are given to the Unit Managers and physicians are notified. The Director of Nursing, Assistant Director of Nursing and Unit Managers discuss the physicians responses the next day in the clinical meeting and they are logged in the notebook. <i>Dr. notified on 3/14/11 for dietary modifications for Res. #1.</i></p> <p><i>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</i> All residents have the potential for RD recommendations and to be affected by this process. When Registered Dietician recommendations are received they will be processed through to assure responsible physician provides timely response to recommendation.</p>	3/21/2011	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LIFE CARE CENTER OF MORRISTOWN

501 WEST ECONOMY ROAD
MORRISTOWN, TN 37814

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F 157

Continued From page 1
resident of five residents reviewed.

The findings included:

Resident #1 was admitted to the facility on June 17, 2010, with diagnoses including Dementia, Diabetes, Depression and Parkinson's Disease.

Medical record review of the Registered Dietician note dated January 31, 2011, revealed " ...rec d/c (discontinue) MVI (multivitamin) 2(secondary) on centrum (vitamin) D/C (increased) calorie food at bfst (breakfast) (add) provide shake at bfst (and) lunch for (increase) cal (calorie) (and) protein, icecream at dinner"

Observation on March 14, 2011, at 12:15 p.m., revealed the resident seated in wheel chair at table in the main dining room. Continued observation revealed the resident received pureed meat, mashed potatoes, ensure pudding and thickened whole milk. Further observation revealed the staff did assist the resident with the meal and the resident consumed about 35 to 40% of the meal.

Interview with the Registered Dietician on March 14, 2011, at 1:00 p.m. in the conference room, confirmed the resident weight has gone up and down and the above recommendations were made.

F 157

What measures will be put in to place or what systematic changes you will make to ensure that the deficient practice does not recur?

When RD makes recommendations, Director of Nursing provides them the Unit Managers, DON retains a copy for her tracking records and Unit Managers proceed to obtain MD response. Notification is provided to the DON of response in a timely fashion. There will be a verification of MD response to recommendations weekly during NIP Meeting attended by Executive Director, Director of Nursing, Assistant Director of Nursing, Unit Managers, Treatment Nurse, Dietary Manager or Designee.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur: i. e., what quality assurances program will be put into place?

The process will be monitored weekly at Nutritional Improvement Program meetings by CDM, Unit Managers, DON and ADON for completion and follow through from recommendations to response by MD through June 2011. Review of this issue was done at Performance Improvement Meeting and a Performance Improvement Plan was revised 3/17/2011 and will be continued for 3 months. (Members, Medical Director, Executive Director, Director of Nursing, Assistant Director of Nursing, RN/LPN Unit Managers, Pharmacy Consultant, Registered Dietician, Certified Dietary Manager, Rehab Services Manager, Business Office Manager, Health Information Manager, Admission Coordinator, Social Services, and Activity Director.

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F 157	Continued From page 2 Interview with the Dietary Manager on March 14, 2011, at 1:30 p.m., in the conference room confirmed, no Physician order was received for the shakes at breakfast and lunch and the resident did not receive the shakes as recommended by the Registered Dietician on January 31, 2011. Interview with the Director of Nursing on March 14, 2011, at 1:40 p.m., in the conference room confirmed, the Physician had not been notified of the Registered Dietician recommendations made on January 31, 2011, prior to March 14, 2011.	F 157			
F 280 SS=D	c/o 27661 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.	F 280	F280 Right to Participate in Care Planning <i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</i> When care plan letters are sent out to Responsible Party, a copy of the letter is placed in a notebook by the MDS Coordinators. If there is no response within 4 days a call is then placed to the family in the presence of Social Services and documentation of the call is placed in the residents' chart.		3/21/2011

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F 280	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview the facility failed to notify the resident's responsible party of the quarterly care plan meetings for one resident (#1) of five residents reviewed.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on June 17, 2010, with diagnoses including Dementia, Diabetes, Depression and Parkinson's Disease.</p> <p>Medical record review of the Care Plan Conference Record dated March 9, 2011, revealed two family members signed as attended. Continued review revealed a Care Plan conference was also held on December 28, 2010, and September 29, 2010, with no family member signed as attended.</p> <p>Continued review revealed no documentation the responsible party was notified of the quarterly care plan meetings.</p> <p>Interview with the Minimum Data Set Coordinator #1 and #2 at 10:30 a.m., in the conference room, confirmed there was no documentation the resident's responsible party was notified of the quarterly care plan meetings.</p> <p>C/O 27661</p>	F 280	<p><i>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</i></p> <p>All residents have a care plan and have the potential to be affected. A running log will be retained to track care plan meeting notification to Responsible Party and serve as proof of invitation.</p> <p><i>What measures will be put in to place or what systematic changes you will make to ensure that the deficient practice does not recur?</i></p> <p>MDS coordinators will provide Responsible Party with notification of care plan meeting via letter (system initiated on 3-16-11). These letters will be tracked by MDS coordinator and if a timely response is not received the MDS coord and the Social Services personnel will notify the Responsible Party by phone and documentation of the call will be placed in the residents chart.</p> <p><i>How the corrective action(s) will be monitored to ensure the deficient practice will not recur: i.e.: what quality assurance program will be put into place?</i></p> <p>A weekly review of CP invitation log will be done by clinical personnel during the clinical meeting to assure invitation was sent and timely response recorded till June 2011. A Performance Improvement Plan will be completed and discussed in the PI meeting for March. This meeting is attended by Medical Director, Executive Director, Director of Nursing, Assistant Director of Nursing, Social Services, RN/LPN Unit Managers, Pharmacy Consultant, Certified Dietary Manager, Rehab Services Manager, Business Office Manager, Medical Records, Admissions Coordinator and Activities Director.</p>		